	PATENT	Effect	tive Octob	DETERMINATION OF 1; 2000	ION RECC	ĴRD		Seation V	oriD	Pocket Num	) id
		CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL'E				RTHAN
J	OTAL CLAIMS			125	/// <i>= ,</i>		RATE	a sufficiently property	7	SMALL	ENTITY
	OR N	All States and the second	NUMBER	FILED	BER EXTRA		BASIC FEE	er and articles for a visit	OR	AF9M60x69A	A COLORADO MARIO DE LA COLORADA DEL COLORADA DE LA COLORADA DEL COLORADA DE LA COLORADA DEL COLORADA DEL COLORADA DEL COLORADA DE LA COLORADA DEL COLORADA
4.0	OTAL CHARGE		5/mi	nus 20= *	2/	紫	X\$.9=	INHA	OR		Carrier St.
	IDEPENDENT C		10	ninus 3 =	万	養養	X40=*	17		<b>新兴和</b>	
M	ULTIPLE DEPE	NDENT CLAIM PR	RESENT			禁	+135=	Description	OR	74403	77.37.55 77.33.55
1	If the difference	e in column 1 is	less than z	ero, enter "0" in c	column 2	<b>.</b> 1	TOTAL	1004	OR	+270=	
	C	CLAIMS AS A	MENDE	) - PART II	•				]~.	OTHER	
_		(Column 1)		(Column 2)	(Column 3)	, 7 r	SMALL	<del></del>	OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	1	Minus	**	=	] [	X\$ 9=		OR	X\$18=	
AME	Independent	1	Minus	DENDENT OF AIM	=	$\prod$	X40=		OR	X80=	系統
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  BEST AVAILABLE COPY						+135=		OR	+270= :	
• • •							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	337
<u> </u>	Section of the section of	(Column 1) CLAIMS	ाक्षण्यस्य स्टब्स्ट्रास्ट	(Column 2) HIGHEST	(Column 3)	1 <sub>F</sub>			. ,	-	4, 1, 2 + 64 3 + 5
MENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDA	Total	<del> </del>	Minus	**	= ,		X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF MU	Minus	***	=		X40=		OR	X80=	
<u> </u>	rinoi racoci	NIAHON OF WO	LIPLE DEF	ENDENT CLAIM			+135=		OR	+270=	
						L	TOTAL			TOTAL	
		(Column 1)		(Column 2)	(Column 3)	Αι	DDIT. FEE L		م ۱۰۰	ADDIT. FEE	
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	ſ	RATE	ADDI- TIONAL FEE
AMENDMENT	Total		Minus	**	=		X\$ 9=		OR	X\$18=	<u> </u>
AME	Independent	<u> </u>	Minus	***		-	X40=			X80=	<del></del>
	FIRST PHESE	NTATION OF MUI	LTIPLE DEP	ENDENT CLAIM		H	<del></del>		OR		
.,	if the entry in colur	mn 1 is less than the	e entry in colur	mn 2, write "0" in coli	umn 3.	L	+135= TOTAL		OR	+270=	
***	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  ADDIT. FEE  TOTAL ADDIT. FEE										
1					•			•			